2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P07000084029

Entity Name: H20 EMERGENCY RESTORATION, INC.

Current Principal Place of Business:

220 SUNRISE AVENUE
#209
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

220 SUNRISE AVENUE
#209
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 77-0694029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHATZ, RANDEE S
220 SUNRISE AVENUE
#209
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAMOS, CAROL
Address: 200 DIPLOMAT PKWY. #232
City-St-Zip: HALLANDALE, FL 33009 US

Title: P ( ) Delete
Name: MAPLES, GERALD L
Address: 13661 50 PLACE NORTH
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD MAPLES P 06/16/2009

Electronic Signature of Signing Officer or Director Date